

Project I.D.: \_\_\_\_\_

Grant I.D.: \_\_\_\_\_

**AUTHORIZED SIGNATURES FOR PAYMENT REQUEST:**

In the event this application results in a fully executed grant or loan the Indiana Department of Commerce must have on file the following signatures before any state funds can be drawn.

Please list at least two (2) persons who will be authorized to sign payment request against state funds on behalf of the grantee.

Person 1:

Person 2:

Signature

Signature

Typed Name

Typed Name

Typed Title

Typed Title

**ATTESTATION OF SIGNATURES:**

I certify that the above signatures are of the individuals authorized to request payments. (The following signature may be that of Legal Counsel **OR** a Notary.)

Legal Counsel:

Notary:

Signature

Signature

Typed Name

Typed Name

Attorney Number

Typed Title

Date \_\_\_\_\_

County of Residence

Please place notary seal here:

Commission Expiration Date: \_\_\_\_\_

$$\left[ \begin{array}{c} [ \\ [ \\ [ \\ [ \\ [ \\ [ \\ [ \end{array} \right]$$

]
]
]
]
]
]
]
]

